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ABSTRACT

A series of six fact sheets giving basic information on specific subjects of interest to those working with handicapped and gifted children. The fact sheets, developed by the ERIC (Educational Resources Information Center) Clearinghouse on Handicapped and Gifted Children during fiscal year 1978, are designed in a question/answer format and have resource references. Following are the topics of the fact sheets (with sample subtopics in parentheses): children on medication (administration of medicine in school, alternatives to drug therapy treatment for hyperactivity and learning disabilities); definition of a handicapped child (including deaf, deaf-blind, hard of hearing, mentally retarded, multiply handicapped, orthopedically impaired, other health impaired, seriously emotionally disturbed, specific learning disability, speech impaired, visually handicapped); least restrictive environment (federal laws, placement considerations); being at ease with handicapped children (focus of concern, how to handle tantrums); competency testing for handicapped children (definition, policy formulation); and rights of the handicapped (laws, protection of rights). (PHR)

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FACT SHEETS FROM THE ERIC CLEARINGHOUSE ON HANDICAPPED AND GIFTED CHILDREN

1978

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To meet the increasing demand for information on current high interest topics and trends, the ERIC Clearinghouse on Handicapped and Gifted Children develops an annual series of fact sheets as one of its user services products. The fact sheets are designed to present basic information on specific subjects following a question/answer format.

The six fact sheets in this series were produced during the FY 78 contract year. They have been compiled in a single document for convenient entry into ERIC.

CHILDREN ON MEDICATION

Fact Sheet

Since the passage of Public Law 94-142, The Education for All Handicapped Children Act of 1975, increasing numbers of children with special needs are being educated in public school settings. Many of these children take medication routinely for chronic illness, convulsive disorders, and behavior disorders. Therefore, more demands are being made on school personnel to dispense prescribed medication. In establishing guidelines, school personnel should consider the child's feelings about taking medication. If the way in which drugs are administered embarrasses the child, far more harm than good may result. When appropriate and with physician's approval, independence through self medication should be encouraged.

What procedures should be followed when administering medication to children at school?
The following policy statement, based on one published originally by The Council for Exceptional Children in the January 1977 issue of *Exceptional Children*, states: Each educational agency shall establish written policies concerning the administration of prescribed medication by school personnel during school hours. Such policies shall specify the following:

- *Administration of Medication Form:* A completed form shall be on file for each child requiring medication which includes:
  - A copy of the prescription and recommended dosage.
  - Physician's requirements specifying frequency and method of administration.
  - Description of anticipated therapeutic response to the medication.
  - Description of possible side effects.
  - Physician's signature.
  - Parental signature approving the administration of the medication.
- *Storage of Medication:* Each educational agency shall designate in writing specific locked and limited access spaces within each building to house student medication.
  - In each building that houses a full time registered nurse, medication shall be locked in the designated nurse's office.
  - In each building that houses a less than full time registered nurse, medication shall be locked in the building administrator's office.
- *Professional Rights and Responsibilities:* In order to protect the health of the child and the rights of the professionals, guidelines for administration of medication shall be developed which consider at least the following:
  - The school principal has on file in the pupil's student record the properly completed "Administration of Medication" form.
  - The professional has a copy of the "Administration of Medication" form available for immediate reference.
  - The "Administration of Medication" form must be completed and filed each school year and whenever the prescription is changed by the physician.
  - The professional should be forewarned in writing that the professional may be held negligent and personally liable to court action if a mistake is made by the professional in administering the medication.
  - The professional has the right to refuse to administer medication when the procedures described above have not been completed.

Which drugs are used most commonly to control convulsive disorders?
Seizures may be treated with antiepileptic drugs. The most commonly used antiepileptic drugs are phenobarbital and Dilantin. Other frequently prescribed drugs used in the management of convulsive disorders are: Mysoline, Tegretol, Diamox, Zarontin, Clonopin, Valium, Mebaral, and Celontin.

What are psychotropic drugs?
Psychotropic drugs are those medications prescribed to control mood, thought processes, and behavior. Psychostimulants, major tranquilizers, minor tranquilizers, antidepressants, hypnotics,

and sedatives are categories of psychotropic drugs. Many of these drugs also have anticonvulsant properties, while a number of anticonvulsant drugs may have pronounced effects on behavior.

What do central nervous system stimulants such as Ritalin do?

Children treated with Ritalin or other stimulants should remain on task longer, be more attentive, and be more responsive to positive reinforcement. Other specific benefits to be expected from stimulant treatment include less impulsive, distractible, or hyperactive behavior and fewer responses to nonrelevant stimuli.

What alternatives are there to pharmacological treatment for hyperactivity and learning disorders?

Experimentation has been conducted using orthomolecular and megavitamin therapy, diet control (additive and salicycate free diets, hypoallergenic diets, hypoglycemic diets), mineral therapy, and coffee and caffeine. Thus far, results are inconclusive. Researchers have established the effectiveness of applied behavioral analysis techniques in the management of hyperactivity and the value of specific skills teaching, task analysis, and mastery teaching in the remediation of learning disorders.

Is monitoring the effects of medication important?

The followup phase of drug treatment should include evaluations of any changes in the child's academic achievement and learning ability. If the child's response to medication is not monitored adequately, the medication could end up producing little therapeutic benefit such as a slight reduction in the severity of behavior problems but no effect on learning problems and achievement. An alternative therapy should be substituted if satisfactory progress has not been effected by a specific pharmacological treatment.

Community Resources

- Local pharmacists.
- Local county medical society.
- State medical schools.
- Pediatric outpatient clinics.
- Local public health departments.
- Special foundations for specific medical conditions.

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WHAT IS A HANDICAPPED CHILD?

Fact Sheet

Who is considered handicapped?

As used in the Education for All Handicapped Children Act (Public Law 94-142), handicapped children must meet two criteria. The child must have one or more of the disabilities listed in the next section and he or she must require special education and related services. In other words, not all children who have a disability require special education; many are able to and should attend school without any program modification.

What disabilities are included in the definition?

- Deaf—A hearing impairment so severe that the child cannot understand what is being said with or without a hearing aid.
- Deaf-Blind—A combination of hearing and visual impairments causing such severe communication, developmental, and educational problems that the child cannot be accommodated in either a program just for the deaf or one that is specifically for the blind.
- Hard of Hearing—A hearing impairment that adversely affects a child's educational performance but is not as severe as deafness.
- Mentally Retarded—Both significant sub average general intellectual functioning and deficits in adaptive behavior; these deficits should have been observable throughout the child's development.
- Multiply Handicapped—A combination of impairments, other than deaf-blind, that causes such severe problems that the child cannot be accommodated in a special education program for any one of the impairments.
- Orthopedically Impaired—A severe physical disability that adversely affects educational performance. The term includes impairments such as club foot, absence of a limb, cerebral palsy, poliomyelitis, bone tuberculosis, etc.
- Other Health Impaired—Limited strength, vitality, or alertness due to chronic or acute health problems such as rheumatic fever, asthma, hemophilia, leukemia, etc., which adversely affects the child's educational development.
- Seriously Emotionally Disturbed—Schizophrenic or autistic children and others who have a marked degree of one or more of the following characteristics, displayed over a long period of time:

  An inability to learn which cannot be explained by intellectual, sensory, or health factors.

  An inability to build or maintain satisfactory interpersonal relationships.

  Inappropriate types of behavior or feelings under normal circumstances.

  A general pervasive mood of unhappiness or depression.

  A tendency to develop physical symptoms or fears associated with personal or school problems.

  This term does not include students who are socially maladjusted, unless they are also seriously emotionally disturbed.

- Specific Learning Disability—A disorder affecting the child's understanding or use of spoken or written language. The student's ability to listen, think, speak, read, write, spell, or do mathematical calculations may be affected. Conditions such as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia are included in this category. This term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps; mental retardation; or environmental, cultural or economic disadvantage.
- Speech Impaired—A communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment which adversely affects a child's educational performance.
- Visually Handicapped—A visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

How are handicapped children identified?

Children suspected of having a handicap are evaluated by a multidisciplinary team that includes at least one teacher or other specialist with knowledge in the area of the suspected disability. Following a full and individual evaluation of the child's educational needs, the team determines whether or not the child requires special education and related services.

What responsibilities do states and localities have in educating handicapped children?

If the evaluation confirms that a child has one or more disabilities and because of the disabilities special education and related services are required, then states and localities must provide a free, appropriate public education for that child.

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LEAST RESTRICTIVE ENVIRONMENT

Fact Sheet

What do the federal laws say about least restrictive environment?

Public Law 94-142 (the Education for All Handicapped Children Act of 1975) requires each state to establish procedures to assure all handicapped children a free appropriate education in the least restrictive educational environment. "All handicapped children" includes those who are in public and private institutions or other care facilities as well as those attending public or private schools. To the maximum extent appropriate, children with handicaps are to be educated with children who are not handicapped. That is, handicapped children who can learn in regular classes with the use of supplementary aids and services should attend these classes. If the nature or severity of the handicap is such that the child cannot achieve satisfactorily in a regular classroom, then special classes, separate schooling, or some other educational environment should be selected. (Section 612 (5) (B) of the Act.) Among the factors to be considered is the need to place the child as close to home as possible. The language of the Section 504 regulations of the Vocational Rehabilitation Act Amendments of 1973 (Public Law 93-112) is nearly identical to the least restrictive statute in Public Law 94-142. (§84.34 (a) of the Section 504 regulations.)

How does this relate to mainstreaming?

Mainstreaming is a concept which involves an educational placement procedure and process for exceptional children, based on the conviction that each such child should be educated in the least restrictive environment in which his or her educational needs can be satisfactorily provided. The word *mainstreaming* is never used in the federal laws. For many people the term mainstreaming implies regular classroom placement for all children with handicaps. This is a mistaken notion. Nowhere do the laws mandate that all handicapped children should be educated in regular classrooms. The primary consideration must be the delivery of a free, appropriate public education, which includes special education and related services.

What does the term "to the maximum extent appropriate" mean?

Before any action is taken with respect to the initial placement of a handicapped child in a special education program, a full and individual evaluation of the child's educational needs must be conducted. Based on the results of this evaluation, which must include information concerning the child's present level of functioning, a decision is made as to whether or not the child is eligible for special education. If the child is eligible, the evaluation data serve as a basis for determining annual goals and short term objectives that will be written into the child's individualized education program (IEP). Participation in the regular education program, *to the maximum extent appropriate*, depends on the unique needs of each child and should be specified in his or her IEP. (Section 121a. 346 (C) of Public Law 94-142 regulations and the Appendix, Subpart D, 24, of the Section 504 regulations.)

How does the least restrictive alternative concept affect the development of the IEP?

Skills that a student needs to master in order to function in a less restrictive environment should receive a high priority when developing the child's IEP.

What alternative placements should be available?

School districts should provide a continuum of alternative placements, including instruction in regular classes, special classes, and special schools; home instruction; and instruction in hospitals and institutions. Supplementary services, such as resource room or itinerant instruction, to be provided in conjunction with regular class placement, are also required by law. (Section 121a. 551 of the Public Law 94-142 regulations.) If the child's unique educational needs cannot be met by an existing program, an appropriate educational program must be devised.

What additional considerations influence placement?

Unless a handicapped child's IEP requires some other arrangement, the child should be educated in the school that he

or she would attend if not handicapped. In selecting a placement, consideration should be given to any potential harmful effect on the child or on the quality of services required. If a handicapped child is so disruptive in a regular classroom that the education of other students is significantly impaired, the needs of the handicapped child cannot be met in that environment. Therefore, regular placement would not be appropriate to his or her needs. (Section 121a. 552 (c) (d) of Public Law 94-142 regulations.)

How are nonacademic services and activities affected by the least restrictive alternative mandate?

Consistent with civil rights provisions, nonacademic services or extracurricular activities, such as meals, recess periods, athletics, clubs, and so forth, should be provided or arranged so that children with handicaps may participate with nonhandicapped children to the maximum extent appropriate. This requirement is especially important for children whose educational needs require that they be solely with other handicapped children during most of each day. (Section 121a. 553 of Public Law 94-142 regulations.)

Note: To obtain a copy of Public Law 94-142, write to your US representative or to one of your US senators. The final regulations for Public Law 94-142 are published in the *Federal Register* for Tuesday, August 23, 1977. The final regulations for Section 504 of Public Law 93-112 are in the *Federal Register* for Wednesday, May 4, 1977. The *Federal Register* is available at most public libraries.

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BEING AT EASE WITH HANDICAPPED CHILDREN

Fact Sheet

What to focus on?

For years handicapped people have been segregated from the rest of society as if they were truly different from non-handicapped people. Because of such federal legislation as Public Law 94-142 (the Education for All Handicapped Children Act of 1975) and Section 504 of the Vocational Rehabilitation Act Amendments of 1973, individuals who have handicaps are being integrated into the mainstream of education, employment, and community activities. It is sad that attitudes cannot be legislated too, but fears and anxieties toward those who are different cannot be decreed illegal. It is hoped that the present generation, growing up in situations where people with handicaps are a natural part of school and community life, will put to rest forever the notion that people with handicaps are "different."

However, for those people who have never known a handicapped person, and are suddenly faced with the new experience of having a disabled child in their classroom, scout troop, or community activity, it helps to focus on the fact that a child with a handicap is a child first. A child with a handicap has many attributes, such as brown hair, brown eyes, a turned up nose, an inability to hear, and so forth. By thinking of a child's disability as just one of his many characteristics, the anxiety often anticipated when a youngster with a handicap is scheduled to join a program can be greatly reduced.

What special treatment should be given?

Children with handicaps need to be treated, as much as possible, like any other child. It is unfair to the child when he or she is not allowed to compete. The world at large is mainly inhabited by people with the ability to see, to hear, to speak, and to move about freely. Children with handicaps need to practice meeting the standards of the "normal" world while they are growing up so they can gain confidence and independence.

How can one help but feel sorry for children with handicaps?

If you perceive the disabled child as someone to be pitied, someone from whom little should be expected or demanded, probably little will come. If, on the other hand, you expect the child to succeed and grow, to learn to act independently, then chances are good that the child will become a successful, growing, independent student.

How should frustrations or temper tantrums be handled?

Such problems should be handled the same way they would be handled if the child did not have a handicap. It is easy to assume that disabled people exist in a continuous state of frustration. This is not true. Of course disabled children may feel frustrated at times. These frustrations should be handled with good sense, remembering that a certain amount of frustration is healthy and promotes growth but that too much frustration can be defeating.

How should you respond to everyday accomplishments?

It is a joy to see a child with a handicap able to do the same things that other children do, such as read, play on the jungle gym, or go through the lunch line. It is important, however, to distinguish between accomplishments that are attained with about the same degree of effort that is required from most children, and those accomplishments that really represent a challenge to the handicapped child. If people react to ordinary accomplishments that were not particularly difficult to attain as if they were extraordinary, children can develop unrealistic views of themselves—either an inflated view of their capabilities and accomplishments, based on the continual amazement elicited from others, or a deflated view, based on the obviously limited expectations others hold for children with handicaps. On the other hand, encouragement and reinforcement should be expressed when youngsters accomplish tasks made difficult by their specific disabilities, for example, dressing for a child with cerebral palsy.

How much help should be given?

One of the benefits of mainstreaming is that children can help their disabled classmates. But too much help can become a hindrance if it robs the child of opportunities to learn and practice independence. Generally if a child cannot handle some

procedure or material, she or he should be taught how to do it if at all possible.

Do children with communication problems also have problems in thinking?

One disability that people have trouble coping with involves speech and language. Whether the communication impairment results from a physical disability such as cerebral palsy or a speech handicap such as stuttering, the listener tends to anticipate what the disabled person is trying to say and not allow the person the time she or he needs to communicate. It is easy to mistakenly perceive people who have severe communication disabilities as also having impaired intelligence, because of their simple, poorly articulated speech. It is a natural tendency to respond to this kind of language pattern with a simplification of your own speech. This should be avoided. Individuals who have problems expressing themselves, unless they are also hearing impaired, generally have no problem understanding normal, complex language.

Isn't there anything special that needs to be done?

There are special considerations that can be helpful to children with specific disabilities. For example, keep in mind that children who have visual impairments depend on what they hear and touch to bring them information about their surroundings. Provide opportunities for visually impaired children to handle things that children with normal vision can simply look at. It is also helpful to describe new people, things, and events as they come into the child's environment. Allow time for the child to ask questions about what is going on.

Children who have hearing impairments or who are deaf must depend on sight for most of their knowledge. Make sure the hearing impaired child can see the face of whoever is speaking, since many cues are picked up through lipreading and facial expression. Arrange for seating near the teacher or leader. Do not assume that a youngster understands you just because you have his or her attention. Ask whether you have been understood.

Children who have a mental retardation problem can get along better when directions are short and clearly stated. Break down tasks into a series of steps that can be completed in sequence. Maintain a routine, teach new procedures, and give time for practice.

Youngsters with orthopedic impairments should be asked whether they need help and, if so, what kind. Do not assume the child needs more help than he asks for.

Note: Much of the information in this fact sheet was based on "Questions Teachers Ask," a chapter in the publication, *Supporting Visually Impaired Students in the Mainstream*, by Glenda J. Martin and Mollie Hoben, 1977. Available from: The Council for Exceptional Children, 1920 Association Drive, Reston VA 22091. ($3.00)

RESOURCES

People . . . Just Like You: About Handicaps and Handicapped People (an Activity Guide). The activity guide contains 24 suggested activities to improve the understanding and attitudes of children in grades K-12 toward persons with handicaps. Available from: Committee on Youth Development, The President's Committee on Employment of the Handicapped, Washington DC 20210. (Free)

TEACHING Exceptional Children in All America's Schools—A First Course for Teachers and Principals, by Maynard C. Reynolds and Jack W. Birch, 1977. Describes the behavior characteristics of children with various disabilities; explains the physical nature of the impairment; and provides suggestions on how to teach children who have different handicaps. Available from: The Council for Exceptional Children, 1920 Association Drive, Reston VA 22091. ($15.00)

What's the Difference? Teaching Positive Attitudes Toward People with Disabilities, by Ellen Barnes, Carol Berngan, and Douglas Biklen, 1978. A book of activities for adults and children that fosters contact, empathy, information and responsive behavior toward disabled people. Available from: Human Policy Press, P.O. Box 127, University Station, Syracuse NY 13210. ($6.00)

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COMPETENCY TESTING FOR HANDICAPPED CHILDREN

Fact Sheet

What is competency testing?

The interest in competency tests stems from an assumption that the testing of essential skills or competencies will help raise academic standards and increase educational achievement. The hope is that the certification of competencies will prevent schools from passing incompetent students through the grades simply on the basis of social promotion. Among the variety of alternatives now being implemented or discussed in various states, there are two main variants—competency testing as a means of controlling grade to grade promotion and competency testing as a basis for awarding high school diplomas. The focus for this fact sheet is on the use of competency testing as a prerequisite for high school graduation of handicapped individuals.

On its surface the idea of competency testing is appealing. In a time of widespread worries over deteriorating educational standards, systematic assessment of students' competence certainly seems to make sense. Students who pass competency tests need not be stigmatized as products of a faltering educational system. And students who fail competency tests can, so the theory goes, receive remedial help in order to gain the competencies or skills needed before they leave school and enter the world of work (Haney & Madaus, 1978).

What are some of the issues that need to be explored before establishing a competency testing program?

If one assumes that competency testing is a plausible means of bolstering educational standards, a host of implementation questions arise:

- What competencies will you require? In what subjects, basic skills, and/or life skills?
- How will you measure them? With paper and pencil tests, according to school products and performances, in simulated performance situations, or in actual performance situations?
- When will you measure them? During school (at what grade levels), or at the end of school?
- How many minimums will be established? A single standard for all or differentiated standards according to ability, family background, special interests, or career plans?
- How high will the minimums be set? Can they be set on the basis of informed judgment, on the basis of test performance by successful adults, or merely so as to yield an acceptable failure rate?
- Will minimums be set for schools, or for students?
- What will be done with those who do not pass the competency tests? Will they be given more chances to pass the tests, will standards be lowered, will new remediation programs be developed, or will some students simply be labeled incompetent (Brickell, 1978)?
- Should children with special needs be required to take the tests?

Before these questions can be answered, clearer evaluation policies need to be developed.

How can you help shape policies that affect educational evaluation in your community?

Even if competency testing has come to your community, it is still very much in the formative stages. Various programs are being tested, biases are being challenged, and successful practices are being discovered. But policies need to be developed before successful evaluation strategies can be instituted. If your state has legislation requiring minimum competency testing for graduation, request a copy of the law from your state education agency. Find out what options are left up to the community, such as determining standards. Contact your school superintendent's office to find out if there is a local committee working on evaluation policy in general or minimum competency testing in particular. Ask if you can attend committee meetings or obtain a copy of recommendations. If there is no activity occurring related to testing and evaluation, increase your own knowledge about various models used in other school systems and then bring the matter to your school board. Because the competency movement is so new, there is ample opportunity to voice your opinion.

If your state requires youngsters to pass a competency test in order to graduate, should handicapped youth be required to pass it too?

Because of the diversity among youngsters with handicaps, no uniform approach to testing can be specified. There are some handicapped students who will want and need the same competency testing program provided to nonhandicapped students. The option of taking the competency exam should always be available to students who wish to take it even if the district policy favors exemption for students receiving special education. A student handicapped by a speech impairment could take the same paper and pencil test as a nonhandicapped student. Youngsters with sensory or motor disabilities may need to have the test modified appropriately. Severely impaired children may require a different test or total exemption from the testing program. Decisions about the nature and extent of participation need to be made on an individual basis and could be specified in each student's individualized educational program (McClung & Pullin, 1978).

Should special education students receive a different diploma?

A diploma that is distinguishable in any way from one received by a regular student who has passed the proficiency examination could be considered discriminatory. Section 504 of the Rehabilitation Act Amendments of 1973 protects handicapped individuals from being subjected to discrimination practices.

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RIGHTS OF THE HANDICAPPED

Fact Sheet

What are some of the major laws that guarantee rights to handicapped individuals?

Some of the major pieces of federal legislation that specify the rights of handicapped individuals are Section 504 Regulations of the Rehabilitation Act of 1973 (Public Law 93-112), the Education for All Handicapped Children Act of 1975 (Public Law 94-142), and the Developmental Disabilities Assistance and Bill of Rights Act of 1975 (Public Law 94-103).

How are people with handicaps protected against discriminatory practices?

In any program or activity which receives federal financial assistance, discrimination is prohibited in:

- Recruitment, advertising, and the processing of applications.
- Hiring, alterations in job status, and rehiring.
- Rates of pay and other forms of compensation.
- Job assignments and classifications, lines of progression, and seniority.
- Leaves of absence and sick leave.
- Fringe benefits.
- Selection and financial support for training, conferences, and other job related activities.
- Employer sponsored activities, including social or recreational programs. (§84.11 of Section 504.)

How are rights to access guaranteed?

No qualified handicapped person may be excluded from federally assisted programs or activities because the facilities are inaccessible. (§84.21 of Section 504.)

What educational rights are mandated?

A preschool, elementary, secondary, or adult education program receiving or benefiting from federal funds may not exclude a child from school on the basis of handicap. If placement in a regular educational setting cannot be achieved satisfactorily, adequate alternative services must be provided at no additional cost to the child's parents or guardian. (§84.31 of Section 504.)

A free appropriate public education must be provided to eligible handicapped persons no later than September 1, 1978.

Handicapped students must be educated with nonhandicapped persons to the maximum extent appropriate to the students' needs. Nonacademic services, such as meals, recess, and so forth, must also be provided in as integrated a setting as possible. (§84.33 of Section 504.)

Handicapped persons must have an equal opportunity to participate in nonacademic and extracurricular services, including counseling and athletic services, in the most integrated setting appropriate. (§84.37 of Section 504.)

Each handicapped child who is receiving or will receive special education must be provided with an individual educational program that will be revised at least annually. (Section 614 (a) (5) of Public Law 94-142.)

What rights exist regarding fair assessment practices?

Testing and evaluation materials must be selected and administered so as not to be racially or culturally discriminatory. No single procedure shall be used as the sole criteria for determining an appropriate educational program. Testing also has to be in the child's native language or mode of communication. (Section 615 (5) (c) of Public Law 94-142.)

Parents who do not feel that a fair assessment was made have the right to obtain an independent educational evaluation. (Section 615 (b) (1) (A) of Public Law 94-142 and §84.35 of Section 504.)

How are these rights protected?

Due process procedures for parents or guardians with respect to the identification, evaluation, and placement of a handicapped child who may need special services must include: notice, a right to inspect records, an impartial hearing and representation by counsel, and a review procedure. (§84.36 of Section 504.)

- Notice in writing must be given before the school system

takes (or recommends) any action that may change a child's educational program. Notice in writing is also required if a school refuses to take action to change a child's program.

- The right to see and examine all school records related to the identification, evaluation, and placement of a child is guaranteed. If certain records are inaccurate or misleading, parents have the right to ask that they be removed from the child's file. Once removed, they may not be used in planning for a child's placement.
- If parents do not agree with the school's course of action at any point along the way, they have the right to request an impartial due process hearing. This means that a hearing can be initiated to protest any decision related to identification, evaluation, or placement of a child.
- If parents disagree with the results of such a hearing, they have the right to appeal to the State Department of Education. If still unsatisfied, they have the right to private legal action. (Section 615 of Public Law 94-142.)

How are the rights protected for children whose parents or guardians are unknown?

Handicapped children who are wards of the state or whose parents are unknown or unavailable, have the right to the services of an individual who acts as a surrogate for the parents or guardians in order to protect the child's rights. (Section 615 (b) (1) (B) of Public Law 94-142.)

What special provisions apply to postsecondary education?

Qualified handicapped persons may not be denied admission or be subjected to discrimination in admission or recruitment to postsecondary education and vocational education programs and activities.

Following admission, qualified handicapped students shall not be excluded from, or subjected to discrimination under, any postsecondary education or extracurricular program or activity or any specific course of study.

Adjustments must be made in practices or rules that tend to discriminate against students with handicaps, that is, course substitutions, longer exam times, and so forth.

Discrimination is prohibited in physical education and athletics, counseling and placement services, and social organizations. (§84.42 - 84.47 of Section 504.)

What rights are provided to individuals with developmental disabilities?

The Developmental Disabilities Assistance and Bill of Rights Act of 1975 (Public Law 94-103) provides for the following specific rights:

- Right to treatment, services, and habilitation designed to maximize the developmental potential of the person and provided in a setting that is least restrictive of the person's personal liberty.
- Right to a nourishing, well balanced daily diet.
- Right to appropriate and sufficient medical and dental services.
- Right to be free from physical restraint unless absolutely necessary, and in no event as a punishment or as a substitute for a habilitation program.
- Right to be free from excessive use of chemical restraints and the use of chemical restraints as punishment or as a substitute for, or in an amount that interferes with, services, treatment, or habilitation.
- Right to receive close relatives as visitors at reasonable hours and without prior notice.
- Right to be free from fire, safety, health, and sanitation hazards in any facility providing services. (Section 111 of Public Law 94-103.)

A person with a developmental disability receiving treatment, services, or habilitation under this Act also has the right to have an individualized treatment plan designed specifically for them to insure appropriateness of treatment (Section 112 of Public Law 94-103.)

Note: Copies of federal laws may be requested from your U.S. Representative. Regulations are published in the *Federal Register*, available at most public libraries. Regulations for Section 504 of Public Law 93-112 are published in the Wednesday, May 4, 1977 edition. Regulations for Public Law 94-142 are published in the Tuesday, August 23, 1977 edition.

AGENCIES

The Council for Exceptional Children, 1920 Association Drive, Reston VA 22091.
Publications: *Insight; A Primer on Due Process—Education Decisions for Handicapped Children; Procedural Safeguards P.L. 94-142—A Guide for Schools and Parents.*

The American Civil Liberties Union, 22 East Fortieth Street, New York NY 10016.
Publications: *The Rights of Mental Patients; The Rights of Mentally Retarded Persons; The Rights of Students.*

National Committee for Citizens in Education, 410 Wilde Lake Village Green, Columbia MD 21044.
Publications: *The Rights of Parents; Parents' Rights Card.*

President's Committee on Mental Retardation, Seventh and D Streets, S.W., Washington DC 20201.
Publication: *Mental Retardation and the Law: A Report on the Status of Current Court Cases.*

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